



Department of Family Welfare
Ministry of Health and Family Welfare
Government of India



**Recommendations of
National Consultation
Conferences**
June 1 - July 11, 2000

For Operationalising the National Population Policy, 2000

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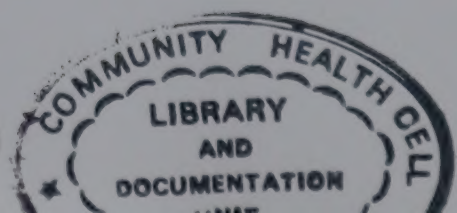
Recommendations of National Consultation Conferences

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Recommendations of National Consultation Conferences in the context of National Population Policy

Conference of State Health and Family Welfare Secretaries 1st & 2nd June, 2000.

The Conference of State health and Family Welfare Secretaries was held in New Delhi on 1st and 2nd June, 2000. Implementation of National Population Policy in the State was agenda for discussion in the Conference. While participating in the discussion, the representatives from Andhra Pradesh, Madhya Pradesh, Rajasthan and Maharashtra informed that their states have already adopted Population Policies with state specific goals. U.P. is finalizing its Population Policy shortly. The convergence of services finds an important place in these policies as it is now well established that population stabilization is not a function of Family Welfare alone but is a multi-sectoral endeavour requiring constant effective communication among stakeholders, as well as close monitoring and coordination at all levels and within government, among and civil society.

Government of Andhra Pradesh informed that their Arogya Suraksha Scheme (Insurance Scheme) for families below poverty line has been working well. Similarly Mahila Arogya Swasthya Sangam was facilitating convergence of services at the Panchayat level.

Secretary (FW) of Karnataka informed that the State Population Policy of Karnataka may be ready by November, 2000. It will aim at integrating and coordinating efforts of the concerned different departments. It was suggested that Anganwadi workers could do the non-clinical work of ANMs. Training of dais, treatment of STI/RTI cases and sterilization will be emphasized so as to optimize coverage and outreach .

The State of Kerala informed that the State Population Commission was being constituted with a view to improving MIS in the State, data would be collected sub-centrewise. Community leaders were being awarded in accordance with their contribution towards advocacy of small family norm. The State Government should be perceived as providing 30% of the services. Besides, some bench-marks should be determined in order to facilitate evaluation of programme performance.

The State representative from Government of Tamil Nadu conveyed that although there is no documented formal Population Policy a working population policy was being followed according to which by the year 2005, a target of crude birth rate of 15 must be achieved. Institutional deliveries have to be improved from present 83.9% to 90%. The programme implementation was better now since the overall social awareness was quite high, and full political support is demonstrated and infrastructure has been strengthened. Maharashtra Government has already adopted in its Population Policy during March, 2000 with a goal of crude birth rate (CBR) of 18 and Infant Mortality Rate (IMR) OF 25 to be attained by 2010. The Family Welfare

Programme is no longer merely a Health Department activity; instead it involves all social Programmes. Besides, implementation has been decentralized to be district level. For the elections to be Panchayats and local bodies two-child norm has been made compulsory and also for government jobs following two-child norm is essential, and no government subsidy will be extended if one does not follow two-child norm. Support of additional funds from Government of India has been sought for improved and more effective implementation.

Representatives of Gujarat said that the State Population Policy would be ready within 2/3 months. The goal of TFR of 2.1 is to be achieved by 2008. Representatives of Madhya Pradesh Government said that State Population Council headed by Chief Minister was being constituted. A Population Development Council headed by Chief Secretary is also under consideration. District level committees have been constituted for effective implementation Anyone marrying before the age of 18 will not be eligible for government jobs.

Rajasthan Government representative said that State Population Policy has been adopted and an implementation committee headed by the Chief Minister has been constituted. Two-child norm has been made compulsory for contesting elections to be Panchayats and local bodies. Bihar government representatives said that a medium term strategy was under presentation. The emphasis was on poverty alleviation. A core group has been constituted headed by Chief Secretary consisting of Department of Health and Family Welfare, Education, Rural Development, urban Development. West Bengal Government said that Government of India policy and guidelines were being followed. Nevertheless, adequate funding support was needed. Orissa representative said that the State Commission is yet to be established. A Population Policy is being formulated. Haryana has prepared a mid-term plan for population stabilization. There is no State Population Commission. Punjab has formed a Committee for operationalising the Population Policy.

In Himachal Pradesh, a Commission on the lines of the National Commission on Population is being set up. J&K has not State Population Policy as there were certain reservations on following the small family norm. Meghalaya has a State Coordination Committee and has started the community reward scheme. Mizoram was formulating a Population Policy. However, registration of birth, death and marriage has been made compulsory. Delhi and Chandigarh expressed concern at the growing population in the urban slums. Tripura will have a State Committee formed within a month, but no Population Policy is being formulated just yet. However, Tripura is pursuing the National Family Welfare Programme.

Conference of State
Health and Family
Welfare Secretaries
1st & 2nd June, 2000





National Consultation Conference with Professional Medical Associations and Medical Experts: 27, June, 2000

A day long discussion with the professional medical associations and noted medical experts was held on 27th June, 2000. It was heartening to note that Presidents or major national level professional associations attended the meeting with large delegations. These Associations are:-

1. Federation of Obstetric & Gynecological Societies of India(FOGSI)
2. Indian Academy of Pediatrics (IAP)
3. National Neonatology Forum (NNF)
4. Indian Association of Preventive and Social Medicine (IAPSM)
5. Indian Medical Association (IMA)
6. Indian Society of Anaesthesiologists
7. Medical Council of India

The experts from the Indian Systems of Medicine also took active part in these discussions. Several suggestions/recommendations relevant in the context of implementing the National Population Policy were made.

Some of the Important recommendations reiterated by several experts are:

The participation of the private sector notwithstanding, the poor and the disadvantaged are still, almost totally, dependent on the health care services provided by the Government.

- (i) The current level of government's direct expenditure on health (1.2 percent of GDP) is too low to permit significant improvements in the health status of the Indian people. The participation of the private sector notwithstanding, the poor and the disadvantaged are still, almost totally, dependent on the health care services provided by the Government.
- (ii) The gaps and deficiencies in primary and secondary level health infrastructure, and in the delivery systems are a major cause of high Infant Mortality Rates, and high Maternal Mortality Ratios in many parts of India, especially in the large North Indian States. Unless these glaring gaps are bridged, it would not be possible to fulfill the "unmet needs" of contraceptive services and basic health care.
- (iii) To stabilize the growth of population, and to improve the basic health of women and children, it is necessary to quickly improve the quality and the coverage of routine public health activities like immunization, ante-natal care and post natal care. A significant improvement is possible only if knowledgeable and trained health care providers are deployed and also the rural and urban health facilities are well stocked.

(iv) The staff and officials responsible for managing the health facilities must be made accountable. Lack of accountability was identified as major cause for the increasingly declining performance in States like Bihar and UP. A recent example cited was the measles outbreak in certain districts in Uttar Pradesh which is attributed to primarily the failure of the local staff to meticulously perform routine immunization of children.

To stabilize the growth of population, and to improve the basic health of women and children, it is necessary to quickly improve the quality and the coverage of routine public health activities like immunization, ante-natal care and post natal care.

(v) The involvement of ISM practitioners after appropriate and thorough orientation in the basic objectives and practices of the reproductive and child health programme inclusive of routine clinical services like immunization, and providing of contraceptive services was widely supported.

(vi) Adolescent and Maternal malnutrition was recognized as a major cause of high infant mortality and maternal mortality. It was suggested that nutritional support (both micro and macro nutrition) must be extended to pregnant and lactating women and also to adolescent girls, besides infants from six months upto 3 years. Health seeking behavior and awareness of the whole generation in the area of nutrition of the whole family, particularly pregnant women was another major recommendations.

(vii) Several steps were suggested for reducing the unacceptably high Maternal Mortality Ratio in the country. Comparisons were drawn with countries like Sri Lanka, Malaysia and Thailand which have registered significant improvements in maternal health status. Absence of specialists and sometimes of even knowledgeable health care providers (as much as 47 per cent) at the community health centre/first referral unit (CHC/FRU) levels was lamented. Suggestions were made by FOGSI, IAP, ISA, IAPSM, NNF etc. that there is real need to introduce quickly, short but rigorous courses in the curricula for medical students, in disciplines like Anaesthesia. The Indian Society of Anesthesiologists specifically suggested that a crash course of six months in anesthesiology should be introduced with the permission of Medical Council of India so that emergency obstetric care services become available in referral hospitals and rural hospitals. FOGSI stressed that for providing wider outreach and coverage of essential obstetric care it is necessary to have trained mid wives. The President of FOGSI pointed out that in several countries obstetric care is being provided by trained mid wives. There is, therefore, a definite case for creating a cadre of trained mid wives. FOGSI agreed to extend all help to train and equip this cadre.

(viii) As unsafe abortion is one of the major causes of maternal mortality, several remedies were suggested:

(a) The Department of Family Welfare has already suggested amendments to the Medical Termination of Pregnancy Act, 1972 so that there is appropriate delegation from State to district levels.

- (b) The scope of the Medical Termination of Pregnancy programme should be expanded so as to make much better use of modern techniques like Vacuum Aspiration (MVA) which can be practiced at the PHC level by trained health care providers. As per the provisions of the present MTP Act, MVAs must be conducted only by trained doctors. The question of permitting trained para medicals to conduct MVA was deliberated at length.
- (ix) As Pneumonia is still a major cause of child health, it was suggested by the experts that the Anganwadi Workers in the ICDS Programme should be trained in some basic techniques used in the management of acute respiratory infections and like ANMS, Anganwadi workers should also be allowed to dispense Cotmimoxazole tablets.
- (x) The experts felt that a great deal of the Maternal and Infant Mortality can be reduced by improving the primary health care services at the PHC and sub centre levels; although admittedly, a fairly large number of cases especially pregnancy related ailments have to be treated at the Community Health Centres or FRU level. The professional Medical Association offered to motivate their members to extend consultancy services at the PHC and CHC level within the RCH and national family welfare programme.
- (xi) FOGSI suggested that without an assured supply of safe blood, it may not be possible to improve emergency obstetric care. Therefore, at the block level, blood storage facilities, if not proper blood banks, must be made available.
- (xii) The experts were more or less unanimous that the range of contraceptive services now available need to be widened to meet the needs of different age groups. Injectable contraceptives which are being widely used in Bangladesh and in many South East countries have not yet found acceptance in the national programme due to objections from certain quarters and also on account of the high cost of these interventions. Nevertheless the time has come for government to introduce such contraceptives which have already been tested tried and found wholly safe and efficacious in many countries and diverse settings.
- (xiii) Another suggestion was that the uneducated women who are not in a position to take oral pills daily, the use of Centchroman (once a week pill) should be introduced, at least in states with persistently high Birth Rates and high Total Fertility Rates.





National Consultation Conference with Non-Government Organizations: 28 June, 2000

On 28th June, 2000, a day long consultation was held with the Non-Government Organizations, representatives of women groups and the rotary movement. Department of Family Welfare received tremendous response, with participation of nearly 140 NGOs representing grass-root level initiatives from the north-eastern region, as well as from the south, east, west and north India. Additionally, representatives from the Department of Women and Child Development (Drinking Water Technology Mission) also attended to deliberate upon the inter-sectoral agenda.

Detailed presentations were made on key issues by major NGOs:

- | | |
|---|--|
| 1. Dr. Tushar Kanjilal, CINI Calcutta | Public Private Partnership in implementing the National Population Policy, 2000 |
| 2. Mrs. Ila Vakharia, CHETNA | Role of MNGOs in implementing the National Population Policy, 2000 |
| 3. Dr. Dilip Mavlankar, IIM | Implementing Quality of Care through National Population Policy, 2000 |
| 4. Dr. Ganesh Prasad Singh
ADITHI | Targeting Under-Served segments of the population through National Population Policy, 2000 |
| 5. Dr. Vaishnav, SOSVA | Resource Allocation to the NGOs |
| 6. MS. Sudha Tiwari, Parivar
Seva Sansthan | Role of Social Marketing:
Addressing the Unmet Needs:
Contraceptives, other items |

National Consultation
Conference with
Non-Government
Organizations:
28 June, 2000

The Conference then had an inter-active session, with lively participation once again from diverse NGOs from Thiruvananthapuram and Tirupati in the south, to Bordolai in Assam, form Vadodara in Gujarat, Bilaspur and Bhopal in Madhya Pradesh and Jalgaon in Maharashtra.

The NGO community and all other stakeholders were delighted at the opportunity provided by the Union Minister for Health and Family Welfare for such wide ranging, fearless and frank deliberations with these consultations which are so soon after the adoption of the National Population Policy 2000.



Some of the important recommendations received from the NGOs during the consultation are as under:

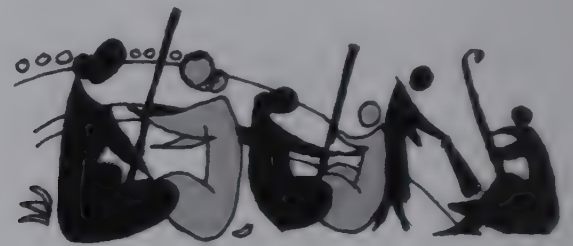
There are innumerable areas in which Mother NGOs can operationalise the agenda for population stabilization in a much more direct manner, such as acting as depot holders for family planning supplies and services.

1. There are clear indications that Mother NGOs are developing capabilities that enable them to identify and promote Field NGOs to undertake RCH activities, so that these field NGOs begin to develop rapport with local government functionaries and technical specialists. This in turn will ensure smooth partnership between the Department of Family Welfare and the Mother NGOs.
2. Notwithstanding (1) above, there are several ways in which the Mother NGO scheme within the Department of Family Welfare may be improved, for optimal results:
 - (i) The budget allocations to the Mother NGOs need to be made flexible so as to accommodate the difficulties of local terrain (example, inaccessibility in hilly and in remote areas), and the sometimes widely differing capabilities of the Field NGOs funded by the Mother NGOs. Determination of financial grants by Department of Family Welfare on the basis population parameters alone i.e. the population covered by NGOs is fallacious.
 - (ii) Generally, the financial allocations to the NGO sector in particular, are below a critical minimal. Over a period of time, this can result in the Mother NGOs becoming permanently unviable, and it will then also destroy innumerable smaller NGOs. The financial grants would be released at the same period every calendar year, so as to minimize uncertainty.
 - (iii) The activities of Mother NGOs are currently limited to awareness generation, advocacy, counseling, besides motivating the community utilize the health infrastructure. NGOs (Mother NGOs as well as National NGOs) are limited to "innovative" projects and programmes, with extremely meager allocations. Therefore: first, the financial allocations to the NGO sector must increase and second, the range activities entrusted the NGO sector must expand far beyond the current limited set of activities. There are innumerable areas in which Mother NGOs can operationalise the agenda for population stabilization in a much more direct manner, such as acting as depot holders for family planning supplies and services. This will ensure that at least within the areas covered by these Mother NGOs and Field NGOs, there will be no shortages. In the event that shortages do occur, then these will be reported in good time, and there will develop better accountability.
 - (iv) The Department of Family Welfare should examine whether Mother NGOs can maintain a common bank account for the grants received from different

departments of the same Ministry, example, under the heads of RCH, ISM, AIDS, Gender Issues and Innovative Projects, and so on. This will greatly reduce the time spent on administrative matters.

- (v) The limitation of 2 days imposed upon the MNGO for evaluating 2 Field NGOs unrealistic, and is deterring genuine evaluation. This needs to be modified.
 - (vi) Mobile Clinics should be sanctioned at least to those Mother NGOs who monitor NGOs in hilly, remote and inaccessible areas, example in Tripura.
 - (vii) Reallocate districts between Mother NGOs for better monitoring.
 - (viii) Terminal family planning methods like sterilization / vasectomy, should be opened upto the Mother NGOs who may be funded for the cost of medicines and training of skilled technicians, as necessary. Some Mother NGOs are confident that they will reach out to a large number of potential clients in need of sterilization, but who cannot easily access medical centres where these facilities may be available. Also, it will serve to demystify the family planning effort. Wherever NGOs have clinical facilities, they should be entrusted with clinical services. On average, it was said that the clinical facilities with the NGOs wherever available will be usually more hygienic than the delivery facilities in some of the government primary health centres. One NGO from Gujarat reported that deliveries are rarely conducted in the primary health centres in some parts of the state, and in one or two PHC, they are conducted in most unhygienic conditions in storeroom.
 - (ix) Mother NGOs must observe transparency in financial dealings with the Field NGOs, and must also assume greater responsibilities for nurturing and promoting the Field NGOs.
 - (x) Since different Ministries of the Central Government as well as different departments within State governments are simultaneously implementing innumerable policies, programmes and projects, that directly impact the empowerment of women, the Department of Family Welfare must put on its mailing list these Mother NGOs as well as the Field NGOs and all other groups and associations not necessarily directly undertaking schemes project. The Ministry should widely disseminate copies of these schemes and projects to facilitate total comprehension of all the programmes.
3. If the national NGOs and the Mother NGOs are being asked to reach and access household levels, then self-help groups must be formed in every village. Even this may not be enough. These self help groups must be given adequate orientation and training health related activities, as well as income generating projects and programmes.
4. Department of Family Welfare should reconsider the 6 bedded hospital sterilization scheme.

5. States like Assam have innumerable abandoned health sub-centres, and new health sub-centres should not now be constructed in Assam until the authorities can improve, and make functional the earlier health sub-centres, primary health centres and community health centres. Why not let the non-government organization operationalise these dysfunctional health facilities.
6. Public sector organizations like the Coal India, Oil India, should be somehow involved in operationalising the agenda for population and development, at least for specified satellite populations, as these organizations have a lot of resources.



National Consultation Conference with Social Editors and Media Representatives: 29 July, 2000

On 29th June, 2000, a national consultation conference was held with the Social Editors and Media. The Minister of Information and Broadcasting, Shri Arun Jaitley gave the keynote address at this conference and stressed on the power of the media: the print media, radio, television, and more recently, the internet campaign needed for arresting the population growth. The electronic media, particularly, the radio, was very powerful and effective in reaching the large illiterate population. Shri Jaitley stressed the need for a simple, uncomplicated but powerful campaign that will be heard and seen by the vast number of our people. Much more time was needed to be given to regional language media.

Senior media people like Shri Narendra Mohan and Shri B.G. Verghese spoke on the importance of regional language messages needed for population stabilization. The media representatives from across length and breadth of the country were present in this conference and made valuable suggestions for reach out to diverse sections of the population, which needed these messages the most. Some of the **important recommendations** made at this conference are as under:

1. There was a strong demand for a much greater use of easily intelligible Hindi in the communication materials designed and prepared by the Government as the challenge of population stabilization has really to be met in states of UP, MP, Bihar and Rajasthan where the relevant indicators are adverse.
2. While supporting these suggestions, editors from the non-Hindi speaking states said that there is a need to use other local languages for focusing on the weakly performing areas within States reporting relatively good performance.
3. There was a strong suggestion from many editors that Government should unambiguously lay down and follow the two child norm and contravention of this norm should call for disincentives; and that persons with more than two children should be debarred from participating in elections at the State or national levels.
4. There were also suggestions that proper incentives should be given to those who are following the two-child norm.
5. Many editors supported mainstreaming the Ayurvedic and Homeopathic systems into the government health systems.
6. One senior editor from Assam said that the Population Policy has not recognized the fact that illegal migration is fast becoming a major cause of population growth in the border States. The electronic media needs to dwell more forcefully on the negative consequences of unchecked population growth.

National Consultation
Conference with
Social Editors and
Media
Representatives:
29 July, 2000

7. It was suggested that population and sex education should be incorporated into the school syllabus.

There is a need to professionalise the Information, Education and Communication work by involving people from the media who should be encouraged to take part in such work.

8. Shri B.G. Verghese, Senior Journalist, suggested that as many states and some districts even in the weakly performing states are registering good results, Government should arrange to supply materials to be press and the media for publicizing such success stories. He particularly stressed more extensive use of the local radio channels. He said that there was a pressing need to intensify social education for young people in states like Bihar and UP, with a focus on gender issues and women's empowerment. He also pointed out that a question of acceptance of a Uniform Civil Code was basically an issue of gender justice and the government should not fight shy of introducing a uniform civil code in all the States. He suggested that the time has come for widening the range of contraceptives now used in the country and couples should have access to new techniques and methods, which are being used, in other countries with considerable success and hardly any complications.
9. The editor from Dina Mani, Tamil Nadu pointed out that one of the major reasons for success of the population stabilization effort in Tamil Nadu was the interest taken by the political leadership in population issues and that the political will must be demonstrated more vigorously in Northern States.
10. The quality of health communication programmes broadcast and telecast through the radio and TV also came in for some criticism. It was suggested that there was a need to professionalise the Information, Education and Communication work by involving people from the media who should be encouraged to take part in such work.
11. Another suggestion was that more advocacy through TV and Radio on general issues was not enough and that advertisements should be directed at specific segments of the population, who may, need close attention, through folk media and targeted brochures.
12. It was felt that government needed to invest more funds on communication on health and population issues, as also on local and community specific information, education and communication.



Parliamentary Consultative Committee Meeting: 3 July 2000

The meeting of the Parliamentary Consultative Committee of Ministry of Health and Family Welfare was held on 3rd July, 2000 presided by Minister of Health and Family Welfare. The Agenda for discussion in the meeting was national Population Policy, 2000.

Dr. C.P. Thakur, Minister of Health and Family Welfare stated briefly the enormity of the problem of increasing population in the country in the background of which the Government has adopted the National Population Policy, 2000 with an overall objective of achieving population stabilization in the country by 2045. He outlined the salient features of the Population Policy emphasizing the Objectives and Goals, the Strategic Themes and the Operational Strategies contained in the Action Plan of the NPP 2000

Dr. Thakur conveyed that the National Commission on Population, chaired by the Hon'ble Prime Minister, has been notified and this Commission has as members Chief Ministers of States, Central Ministers of the concerned Departments besides reputed Demographers / Health Professionals, media persons and representatives of NGOs. The first meeting of the National Commission on Population is scheduled to be held on 22nd July, 2000.

Union Health and Family Welfare Minister informed Members about the series of consultations he has initiated in the previous week with Professional Medical Associations, NGOs and Social Editors and Media people. The Minister emphasized the need for effective implementation of the schemes and programmes envisaged in the Policy and invited suggestions from the Members of the Consultative Committee. These suggestions could become part of the Agenda for discussion in the forthcoming meeting of the National Commission on Population.

All the seven Members present in the meeting participated in the discussion. Serious concern was expressed for the growing numbers in country, relatively higher than even our neighbouring countries. The resources were scarce and a situation could be well imagined about 20 years hence when there would be uncontrollable pressure on schools, job opportunities, transport, drinking water and environment. Many Members wanted to enact strict laws with prescription for incentives and disincentives.

However some members cited the examples of States which had achieved success in restricting the growth of population without incentives and disincentives. The spread of education, particularly among women, empowerment of women and intensive IEC campaign for the enlightenment of men was important. The legal age of marriage must be enforced and in fact the effective age needed to be enhanced to 21 years among women.

The Minister desired to know from the Members the role of Members of Parliament in the population stabilization programme. The Members suggested that for delaying the age of marriage, involvement of youth and local people, community incentives and removal of illiteracy for effectiveness of the programme is important. The political leadership has great responsibility, which must also set an example for others.



Seminar on Population and Development: Prospects for Private Public Partnership:

11 July 2000

- ❖ Enhance the well being of the people of this country.
- ❖ Provide them with opportunities and choices
- ❖ Help them become productive assets in society and NOT liabilities.
- ❖ Therefore, need of the hour is to improve the quality of and not quantity of India's population.
- ❖ Greater accountability is to be enforced into the system.
- ❖ The corporate sector should contribute through its know-how in management, communication and marketing.
- ❖ There is need to form a consortium of the NGOs and the Private Corporate Sector to aid the government in the provision and outreach of the basic and reproductive child health care as well as basic education.
- ❖ Need to implement a one-stop, integrated and coordinated service delivery.
- ❖ Need to create a national network consisting of voluntary, public, private and non-governmental health centres.
- ❖ Extend the computer revolution to include all health facilities.
- ❖ Strengthen the management information systems and introducing information technology.
- ❖ Devise ways and means to vastly extend the outreach of referral transportation.
- ❖ Many companies are already providing exemplary services in the field of community development, which should be modeled upon and other companies, should replicate their initiatives.
- ❖ A National Fund for Population should be created.
- ❖ Lessons should be drawn from those states who have been more successful in dealing with the population problem and their success should be replicated in other states.
- ❖ State Commissions should also be set up to oversee the implementation of the Policy.
- ❖ National Population Policy, 2000 should be used as a blue print to enable all partners/ stakeholders to guide their own efforts.

- ⇒ Official at the helm of the corporate sector should be involved in initiating any effort in community development.
- ⇒ Voluntary Organizations and corporate sector can explore the possibility of funding mobile vans, which can render health care services to remote, and backward areas where extended access is otherwise difficult.
- ⇒ Need for promoting NSV among the corporate sector employees where response has been encouraging in this respect.
- ⇒ For a national concerted effort to succeed public and private sector have equal opportunity to participate and avail of it.
- ⇒ Implementation of NPP would require imaginative thinking and coordinated effort from all stakeholders. Just outlining the policy is not enough.







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